

Express Mail No. EV355035078US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Express Mail No.: EV355035078US
Filed: Herewith
Applicant: Herbert C. Preul
Title: WASTEWATER SOURCE CONTROL SYSTEM
Attorney Docket: PREUL-02A

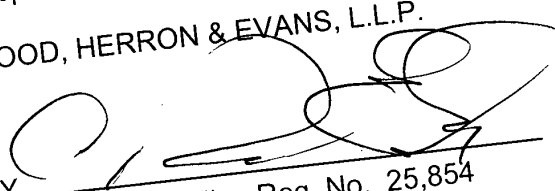
MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE
(37 C.F.R. §1.102(c) and M.P.E.P. §708.02IV)

Applicant hereby petitions to make this application special because Applicant is over 65 years of age. Applicant's date of birth is January 11, 1926. As a showing of this face, accompanying this petition is Applicant's Birth Certificate. No fee is required with this petition, in accordance with 37 C.F.R. §1.102(c).

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

BY 
C. Richard Eby, Reg. No. 25,854

2700 Carew Tower
Cincinnati, OH 45202
(513) 241-2324
(513) 241-6234 (Facsimile)

PLACE OF BIRTH

County of Wasson

Township of Berge

Village of Berge

City of L

No. L St. L

Ward: HERBERT FREDERICH CHARLES FREUL

If birth occurs in a hospital or other institution, give name of same, instead of street and number.

STATE OF MISSOURI

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 292

File No. _____

Primary Registration District No. 5410

Registered No. _____

2. FULL NAME OF CHILD: HERBERT FREDERICH CHARLES FREUL

3. Sex of Child: <u>Male</u>	4. Legitimate: <u>Yes</u>	5. Twin, Triplet, or other? <u>No</u>	6. Number and in order of birth: <u>1</u>	7. Date of birth: <u>Jan 11th 1926</u> (Month) (Day) (Year)
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<p>8. FULL NAME: <u>FATHER CHARLES</u></p> <p>9. P. O. ADDRESS: <u>Berge Mo</u></p> <p>10. COLOR OR RACE: <u>White</u></p> <p>11. BIRTHPLACE: <u>Dresden Germany</u></p> <p>12. OCCUPATION: <u>Minister of Gospel</u></p>	<p>13. FULL MAIDEN NAME: <u>MOTHER</u></p> <p>14. P. O. ADDRESS: <u>Berge Mo</u></p> <p>15. COLOR OR RACE: <u>White</u></p> <p>16. BIRTHPLACE: <u>Marionville Mo.</u></p> <p>17. OCCUPATION: <u>Housewife</u></p>
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18. Number of child of this mother: Fourth 19. Number of children of this mother, now living: Four 20. Borne at full term: Yes

What antiseptic was used in the eyes: oxy. argyrol

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:30 PM on the date above stated.

(When there was no attending physician, midwife, father, mother, house-der, etc., show name of the person who attended.)

Given under my hand and seal from supplemental report

(Signature) M. H. Wagner (Physician or Midwife)

Address _____

23. Filed _____, 19____

Registrar _____ Registrar _____

This certificate must be FILED with the Local Registrar within TEN (10) days after birth.

STATE OF MISSOURI
CITY OF JEFFERSON

I HEREBY CERTIFY that the above is a true and correct copy of the certificate for the person named therein. The original record being filed in the Central Bureau of Vital Statistics of the State of Missouri is part of the permanent records of said bureau. WITNESS my hand as State Registrar of Vital Statistics and the Seal of the Missouri State Board of Health this date of AUG 7 1926

M. H. Wagner
State Registrar of Vital Statistics